

NOTICE OF COLORADO PAROLE BOARD ACTION - DEFER

<input type="checkbox"/> Full Board Review	<input type="checkbox"/> Amend	DOC# 110	Date 07/ /2012	Tape No. VN812
		Location	Sent Type S XO LIFETIME	
Name			EST PED 09/30/2007	MRD EST SDD 12/31/8888
OFFENSE	CLS	GOV	COUNTY	CASE #
I. SXASCHLD	4	B		01CR
			SENTENCE	TYPE
			MIN: 08-00-00 MAX: LIFE	IN
				SVP
				N
<input checked="" type="checkbox"/> DEFER: Date 07/2014				
<input type="checkbox"/> Hearing Waived (by inmate)			Hearing Non-Appearence:	
<input checked="" type="checkbox"/> To discharge			<input type="checkbox"/> Court/Jail	
<input type="checkbox"/> To complete program(s)			<input type="checkbox"/> Refusal	
<input type="checkbox"/> To await program			<input type="checkbox"/> Transferred	
<input type="checkbox"/> Due to parole plan problems			<input type="checkbox"/> Other:	
RECOMMEND: Transition through community corrections, pursuant to 18-1.3-301, CRS.				
<input type="checkbox"/> Standard referral <input type="checkbox"/> Refer with specialized treatment as warranted				
Defer Reasons: RISK RELATED			Defer Reasons: READINESS RELATED	
Risk Assessment <input type="checkbox"/> Colorado Actuarial Risk Assessment Scale: (dated 06/25/2012) score 6 VERY LOW <input type="checkbox"/> LSI-R: 17 <input type="checkbox"/> Administrative Release Guidelines, CRS 17-22.5-404(4)(c) <input type="checkbox"/> Sexually Violent Predator Finding <input type="checkbox"/> Judicial <input type="checkbox"/> Parole Board <input type="checkbox"/> SVP Assessment			Program Considerations <input type="checkbox"/> Inadequate program participation/progress <input type="checkbox"/> Inadequate treatment participation/progress <input type="checkbox"/> Offender in program <input type="checkbox"/> Offender awaiting program <input type="checkbox"/> Offender requests program <input type="checkbox"/> Inadequate Progress Assessment Summary ratings	
Risk Considerations <input type="checkbox"/> Institutional conduct infraction (COPDs/Write-ups) <input type="checkbox"/> COPD Violation AR 150-01: Class II (25)(c) <input type="checkbox"/> Parole risk (Any prior failures) <input type="checkbox"/> Prior absconds/escapes or attempts <input checked="" type="checkbox"/> Public risk (Concerns for public safety) <input checked="" type="checkbox"/> Severity/Circumstances of offense <input checked="" type="checkbox"/> Prior criminal history <input type="checkbox"/> Violence <input type="checkbox"/> Sexual violence			Parole Plan Considerations <input type="checkbox"/> Inadequate parole plan (incomplete or unacceptable) <input type="checkbox"/> Lack of suitable parole sponsor <input type="checkbox"/> Inadequate housing/accommodations/location <input type="checkbox"/> Inadequate work opportunity/plan <input type="checkbox"/> Inadequate education plan	
State Parole Board Signatures				
The undersigned hereby certify that all, but not limited to, parole guidelines set forth in CRS 17-22.5-404(2), (3), and (4) were taken in to consideration as per statute. [The 2nd and/or additional signatures, if not actually present at the hearing, are signed indicating they 'reviewed' the action, pursuant to CRS 17-2-201(9)(a)(1)]				
1) REBECCA OAKES			5)	
2) PATRICIA WAAK			6)	
3)			7)	
4)				
Distribution: <input checked="" type="checkbox"/> Parole Board <input checked="" type="checkbox"/> D.O.C. Records <input checked="" type="checkbox"/> Time Comp <input checked="" type="checkbox"/> Working File <input type="checkbox"/> Inmate				